



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#12

Applicant: Clifton A. Alferness and David M. Kaye  
Serial No.: 09/751,271  
Filing Date: December 28, 2000  
Title: MITRAL VALVE CONSTRICTING DEVICE, SYSTEM  
AND METHOD  
Examiner/Unit: Kathryn P. Odland / 3732  
Attorney Docket No.: 1931-1

RECEIVED  
JAN 23 2004  
TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12<sup>th</sup> day of January, 2004.

  
Signature

**SUBMISSION OF FORMAL DRAWINGS**

ASSISTANT COMMISSIONER FOR PATENTS:

In response to the Office Action dated October 10, 2003, Applicants submit formal drawings, including Figures 1-10, for approval and entry.

Please contact Applicants' attorney at the phone number shown below should there be any questions concerning the enclosed drawings.

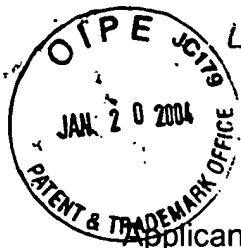
Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



Richard O. Gray, Jr.  
Attorney for Applicant  
Registration No. 26,550  
155 - 108th Avenue NE, Ste. 350  
Bellevue, WA 98004-5973  
(425) 455-5575

Enclosure: Formal drawings (Figures 1-10)



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TRANSMITTAL LETTER

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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

An Amendment and Response in the above-identified application.

XX No additional claim fee is required. \_\_\_\_ The fee has been calculated as shown below:

Computation of Fee  
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>		<u>Rate</u>		Addl. <u>Fee</u>
Total Claims	50	Minus	50	=	0	x	\$18/ <u>\$9</u>	=	\$-0-
Independent Claims	9	Minus	9	=	0	x	\$86/ <u>\$43</u>	=	\$-0-
Total additional fee for this amendment									\$-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the additional claim fee is enclosed.

XX A Submission of Formal Drawings with FIGS. 1-10.

\_\_\_\_\_ Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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